



CHARLES COUNTY GOVERNMENT

Department of Planning & Growth Management

P.O. Box 2150 · La Plata, MD 20646

www.charlescountymd.gov Maryland Relay Service: 7-1-1 · TDD: 1-800-735-2258

MOBILE FOOD SERVICES APPLICATION

Permit Number: _____

Name of Applicant:	Phone:	Date:
Mailing Address: _____		
E-Mail Address: _____		
List Products to be sold, bartered or traded (All food products are subject to Charles County Health Department review.): _____ _____		

Business License or Maryland Transient Vendor License:	
Days & Hours of Operation:	
Number of Employees:	Number of Parking Spaces Provided:
Vehicle, Make, Model, Year, Tag Number, Length, Width:	
Maryland Use & Sales Tax Account Number(s):	
This Application is for one (1) year. Permit fee, with a one-time Inspection Fee. Permit renewals are every year. Initial Application: <input type="checkbox"/> Renewal Application: <input type="checkbox"/>	
Insurance Policy Info covering the mobile food serv. facility (attach evidence of current policy or certificate of compliance): Agent: Phone: Policy Number:	

Address where applicant will operate:				
Zoning of property:	Property ID #:	Tax Map:	Parcel:	Grid:
Road Classification-Circle One:	State Road	County Road	Do Not Know	
Name of Property Owner:	Phone:			
Address of Property Owner:				
E-Mail Address of Property Owner:				

I hereby certify that I have read the instructions and the information provided is correct to the best of my knowledge and belief. Further, if the permit is issued, I will conform to and abide by all laws of Charles County relevant to Mobile Food Services Facilities (use code 6.02.330).

Signature of applicant	Printed Name	Date
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